V.S.V ż of OCCUPA.

STATE OF	MARYL	AND-CERT	IFICATE	OF D	EATH
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03416

:	L. PLA	CE OF DEA	тн				210-0	7		- 11
	CDU	inty Wo	rcester					Registration	Dist. No. 3	50
			comoke (		(1)		ed in a hospital or inst	itution, give its NAM		
					yrs,mos	S	. now long in 0.5.1	i of foreign birth?	yrs	_mosds.
	2. FUI	LL NAME	Freder	ICK BIC	ОСШ					
	(a)	Residence: No.		(Usual plac	e of abode)	St.,	Ward.	If nonresiden	t give city or town a	and State
	PE	RSONAL AN	ND STATISTI				MEDICAL	CERTIFICATI		The same of the sa
	sex [al e		or or race		RRIED, WIDOWED, ED (write the word)	21. DAT	TE OF DEATH	March (Month)	31.	, 193.5.
	. If marri	ed, widowed, or div	orced							(1001)
	(or) V	VIFE of				22.	IHEREB	YCERTIF	Y, That I attend	ed deceesed from
6.	DATE O	F BIRTH (month, da	ay, and year) Fe	buary	3.1913	I last saw	h imalidea		h 31., 19.3	55; death is said
7.	AGE	Years	Months	Days	If LESS than		courred on the date st			
-		22	I	18	ormin.	wero as fo			ses of importance	Date of onset
NO	8. Tra	de, profession, or p kind of work done SAWYER, BDDKKE	articular , as SPINNER,	11.		Auto	omobile A	rorners	711 777 20	an
OCCUPATION	9. Ind	lustry or business i	n which	None			oidable			and the second
CUP		work was done, as SAW MILL, BANK,	SILK MILL, etc				le fract			
000	ID. Da	te deceased last wo this occupation (mo	orked at onth and	II. Total	time (years) ent in this	1	and fra			
-	1	year)		oc:	cupation	Dther Con	stributory Causes of in	nportance:	~ · · · · · · · · · · · · · · · · · · ·	
12			Baltim				right si			
œ	1	ate or country)	Maryla			very	probabl	e instar	it death.	
FATHER			rick S.B	imore						
FA	14. BIR	RTHPLACE (city or t (State or country)		land			operation			
2	15. MA		race Mil				confirmed diegnosis?.			
MOTHER		RTHPLACE (city or t	own) Balt	imore yland		Accident,	was due to external of suicide, or homicide?	Acciden		
17			and Der			Specify wi	hether injury occurred	(Specify city of in INDUSTRY, in H	or town, county and S OME, or in PUBLIC	otate) PLACE.
18		, CREMATION, OR		yranu		Manner of				
B	al ta	more.Ma	ryland	Date	, 19		Injury			
-		Idress) Snow	n and De		AND 1 1 1	If so, spec	1.6. 7			of the
20	FILED.	Mch. 31.	1935	2 01111	Revistrar.	(Sign	1601	comoke C	ity. Cor	orner

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II MUNEST	AP - M		
	200		
Other contributory causes of importance:	No. of the last of	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

3. SEX

7. AGE

TION

FATHER

MOTHER

LION

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc....

10. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city of town)\_

(State or country)

16, BIRTHPLACE (city or town). (State or country)

18. BURIAL CREMATION, OR REMOVA

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Years

(or) WIFE of

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Months

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) 

(a) Residence: No.

Devs

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

11. Total time (years) spent in this

occupation ...

(Usual place of abode)

If LESS than

1 day, ---- hrs.

or ..... min.

22.

If nonresident give city or town and State

21.	DAT	E	OF	DEA	HT
					The

I HEREBY CERTIEY. That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

Name of operation What test confirmed diagnosis?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_

Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injur

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			45415
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	1-4-franchiscontinuos and additional additional and additional
MARGIN RESERVED FOR BINDING	BWRITE PLALALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
S. No. 1	B.—WRITE PLANKY, WIT	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

1. PLACE	STATE (	OI WIAIN	ILAND	——————————————————————————————————————	115
County_	Worcester			Registration Dist. No. 354	
	r City Stockton		(I)	NDSt.,	Ward
				s. 5. ds. How long in U.S. if of foreign birth? yrs. mos.	ds
	NAME Laura E		lins		
(a) Resid	dence: No. Stock	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	te
PERSO	ONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex Female	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH Stockton March lst. (Day)	)3.5 (Veer)
5a. If marriad, wi HUSBAND o (or) WIFE o	dowed, or divorcad f f			22. The I HEREBY CERTIFY, That I attended deco	eased from
6. DATE OF BIRT	TH (month, day, and year) ∰ @	bruary 2	4th.1873	I last saw h ev aliva on Feb. 28, 1935; de	
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at • OOA • m.	
	62 ***	5	1 day, 2hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	ate of onse
9. Industry work SAW 10. Date dec this o	C+	5 spe	ime (yaars) int in this Life upation Life	Influenza Feb. 2  Influenza Feb. 2  Other Contributory Causes of importance:	27,19
(State or o	3.6	ryland.			
13. NAME &	James Henry	Collins			
(State	ACE (city or town) Stoe	kton aryland.		Name of oparation Data of What test confirmed diagnosis? Was there are autog	psv?_ 4
15. MAIDEN	NAME Leah Elin	or Payne		23. If death was due to external causes (VIOLENCE) fill in also the following:	
≥   (State	ACE (city or town) Stock e or country) Nar	yland.		Accident, suicide, or homicide? Data of injury  Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	77 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	.Collins	2	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	D
18. BURIAL, CREN PlaceS	ATION, OR REMOVAL	O Date Mar.	.4th19.35	Manner of Injury	
19. UNDERTAKER (Address)		Steve ty, Mary	land	24. Was disease or injury in any way related to occupation of deceased? And if so, specify John gd. Lickerson	1,
20. FILED 3	12 19.35	m m.	Tay los	(Signad) Stockton, Ma	M. [

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			374

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS B	Y PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 0.34	19
1. PLACE OF DEATH	83·a	0
County / accesser	Registration Dist. No. 5 1	
Village Dr City Wellburne	ND	Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and numb	
2. FULL NAME Edward W # to	ostere	
(a) Residence: Np.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	e
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Mole White OR DIVORCED (write the word)	May. 16 193	(Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended dece	asad from
(II) and a	Mch 26, 1935, 10 Mch 26,	19.35.
6. DATE OF BIRTH (month, day, and year) Tell. 29-1856	I last saw ham eliva on Mcle 26, 1935; de	ath Is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated abova, et 0.500	
ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	te of onset
8. Trade, profassion, or perticular kind of work dona, as SPINNER.		
SAWYER, BDDKKEEPER, etc. 99 Industry or business in which	handa of the	-0-
9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	venervus opensmage	. hul
11. Total time (yeers) this occupation (month and yaar)		
12. BIRTHPLACE (city or town) War as stutes	Dther Contributory Causes of Importance:	
(State or country) Marylard		
II 13. NAME Cedevard Censtry		
13. NAME Color of town) . Unhammed	Nama of operation Data of	
(State or country)	What test confirmed diagnosis?	sv?
15. MAIDEN NAME May Co. Jone 1  16. BIRTHPLACE (city or town) - What was the Co. May 1.	23. If daath was due to external causas (VIDL ENCE) fill In elso tha following:	
o 16. BIRTHPLACE (city or town) Whaceston Coma.	Accidant, suicide, or homicide?	, 19
S (State or country)	Where did injury occur?	
17. INFDRMANT / SCO. S. I LOUD (Address) We have use Miles	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Mexicol Seres Coline pate Mall. 1. 1, 1955	Nature of injury	
19. UNDERTAKER BULOWAL DELICATION (Address)	24. Wes diseesa or injury in any way ralated to occupation of deceased?	0
2/1/2000	(Signed) Ishu De Dickerson	M D
20. FILED 3726 , 1935 Mary M Registar.	(Address) Stack ton, Md	N. D.
	20000	

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BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Worester	Registration Dist. No. 30
Village or City new Snow Will, Ind.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  6. ds. How long in U.S. if of foreign birth?
2. FULL NAME GAMILE S & Dalo	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Single	21. DATE OF DEATH
5a. If merried, widowad, or divorced HUSBANO of (or) WIFE of	22. 2 HEREBY CERTIFY Thet I attended deceased from
- NATION OF STREET OF STRE	1 Jest saw her alive on 3/18 10/30 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, et 2 30 m.
27 8 G 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8 Trade profession or particular	Oate otonset
SAWYER, BOOKKEEPER, etc	Colmonary Tuberculosis 1983
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	arminary rundand 1983
10 Deta daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) NEOL Snow Hill, md.	Other Coutributory Causes of importence:
(State or country)	1
13. NAME John Sole  14. BIRTHPLACE (city or town) reas Syrang Hill,	- row
(State of Country)	What test confirmed diegnosis? Lenveal Wes there en eulopsy to
15. MAIDEN NAME Senora Harman  16. BIRTHPLACE (city or town) New S. Yaw Hill)	23. If deeth wes due to external causes (VIOLENCE) fill In also tha following:
[ 16. BIRTHPLACE (city or town) New S New /fill)  (Stata or country)	Accident, suicida, or homicida?
C . (State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Same Sall well	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OF MIG	Manner of injury
Plece Int year came Date Mar 22 , 19 55	Nature of Injury.
19. UNOERTAKER Clas Offernell (Addiess) Suite Hell Ind	24. Was disease or injury in eny way enated to occupation of deceased?
2175 55-P.A 1 L	if so, specify (Signed) About Seffe M. D.
20. FILEO 7 19 TO Registrar.	(Address Sewwhile Md

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SHIWIALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

S	info	stat	CUPA	
3	tem of	should	of occ	1
M	WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
	JRD.	HYSIC	state	
	RAN	7. PI	Exact	
NG	NENT	CTLI	ified.	
INDI	SRMA	XXA	classi	ai.
MARGIN RESERVED FOR BINDING	S A PI	ated I	operly	TION is very important. See instructions on back of certificate.
ID F	IIS IS	be st	be pr	of cer
ERVE	K-TI	plnoy	may	back
RESI	IG IN	AGE S	that it	ons on
GIN	PADIN	ied.	as, so	truction
MAR	I UNI	lddus	in tern	see ins
	WIT	efully	in plai	ant. S
	MLY,	be car	SATH	mport
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STATE OF MARYLAND—CERTIFICATE OF DEATH

0	1)	4	15	1	
0	()	4	-	I	

County WORCESTER			Registration Dist. No.	350
Village or City POCOMON		(1	te Nol f death occurred in a hospital or institution, give its NAME instead of stre	
2. FULL NAME Hatt				mos ds.
(a) Residence: No.			St Ward.	
	(Usual place	e of abode)	If nonresident give city or to	wn and State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	TH
Female Colored	5. SINGLE, MAI OR DIVORCI Sing.	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March (Month) (Day)	5. 193 5. (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I at	tended deceased from
6. DATE OF BIRTH (month, day, and yeer)	March.19	.1935.	I last saw h alive on	
7. AGE Years Months	Days 6	If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3- AM  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.		ormin.	From information I get from the Midwife (Hester Miles)	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			the child when born was fu	ull of
10. Date deceased last worked at this occupation (month and year)	sps	time (years) ent in this cupation	Death was probably cause to Pneumonia	)A
12. BIRTHPLACE (city or town) POCOM (State er country) Maryla	oke City	.R.F.D.#	Other Contributory Canses of importance:  Dreumonia , unspecified not known lokar or branchial . Cut of	whatter
			San	
14. BIRTHPLACE (city or town)			Name of operation Da	
# 15. MAIDEN NAME Virgie M		non	What test confirmed diagnosis? Wes the	
16. BIRTHPLACE (city or town) Vir			Accident, suicide, or homicide? Date of injury_ Where did injury occur?	
17. INFORMANT Hester Miles (Address) Pocomoke C	g (Midwi:	fe) D.# 1	(Specify city or town, county a Specify whether Injury occurred in INDUSTRY, in HOME, or in PUB	ind State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OF WORESTER COUNTY MC			Manner of injury	
19. UNDERTAKER James H. Dov (Address)Pocomoke Cit 20. FILED Mch. 25., 19.35	vning(Fe y.R.F.D.	# 1	24. Was disease or injury in any way related to occupation of deceas  If so, specify  (Signed)  (Address)	ed?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
15 1 1000	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis

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should state OCCUPA-

1. PLACE OF DEATH

County Store	clsifl	A	~~~~~~	Registration Dist. No. 57	
Village or City	ar Stock	tow		NoSt.,	
				death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence	In city or town where de	ath occurred	yrsmos.	ds. How long In U.S. if of foreign birth?yrsm	10\$
2. FULL NAME	anni	e on	mnly		
(a) Residence: N	0			St., Ward.	
		(Usual place	of abode)	If nonresident give city or town and	d State
PERSONAL	AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female 1	eolored		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Mch 2 (Month) (Day)	., 193.
5a. If married, widowed, or HUSBAND of (or) WIFE of	erekiáh	Fin	mly	22. HEREBY CERTIFY, That I attanded  1935 to Mach 2	deceasa
6. DATE OF BIRTH (month	, day, and year) Ma	ry 57,	1901	921.0 2 12 -1	death
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
33	9	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date
2 8. Trade, profession,			./	7	Date
SAWYER, BOOK	ona, as SPINNER, KKEEPER, etc	ouser	nje	(Parlana A)A	
kind of work d SAWYER, BOOH 9. Industry or busine work was done	, as SILK MILL,			The state of	
10. data deceased last this occupation	NK, etc	sper	ma (years) nt in this Q Z) M	Jubeliculosia	6.1
year) - & -on	20.110-1	[ Occu	pation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or to (State or country)	(WI) Mary	land	L		
13. NAME Las	ee teall	ins			
14. BIRTHPLACE (city	or town) MA-2-4-	1.	1	Name of operation Date of	4
1 (State of Count	ry) /our	nan	a	What test confirmed diagnosis? Was there an	autopsy:
15. MAIOEN NAME	Eva y	ustri	e	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city	or town)	0		Accident, suicide, or homicide? Date of Injury	19
State or count	1/1/1 /2 /	ylan	d	Where did Injury occur?	
17. INFORMANT A.O. (Address)	rebiah	Fin	gely,	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	ite) LACE.
18. BURIAL, CREMATION,	OR REMOVAL	- mil		Manner of Injury	
Place mat . It	fee wellow	Date Man	- FE1 +	Nature of Injury	
m	E St. 00			24. Was disease or injury In any way related to occupation of deceased?	Alx
19. UNOERTAKER	ur Church	la dra.		If so, spacify — A	140
2/2	^			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a )
20. FILED 2	1935 M	Me M.	1 and los	(Signed) The Alexander	3/

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Y. That I attanded deceased from

---- Was thera an autopsy?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-NUREAU V. S.	1.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

N. B.-WRITE PL.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Wuryster	Registration Dist. No. 332
Village or City Khan delds	No. St Word
Length of residence in city or town where death occurredyrs,mo	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Still Barn	Hanley
(a) Residence: ND. Shaw all's (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH    2
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That i attended decaased from
6. DATE OF BIRTH (month; day, and year) (Mas), 14, 1935  7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Date of onset
andustry or business in which work was done, as SILK MILL,	Still Brin
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) And (State or country)	Dther Contributory Canses of importance:
E 13. NAME William Hanley	
13. NAME William Lanley  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Tilda Hastings  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicida?
17. INFORMANT Allegam Danley of Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Suchung Lan Date Man, 12, 19.34	Manner of injury
19. UNDERTAKER J. Bushage	24. Was disease or injury in any way related to occupation of deceased?
20. FILED /18/2 /2, 19/8 - 1) Mility of Registrar.	(Signed) Bellin pro. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUINGAL			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS should state PRICE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RICORD. Every item of infor-Exact statement of OCCUPA. atten should be carefully supplied. AGE should be stated EXACTLY. USE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. **TARGIN RESERVED** TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Water	Registration Dist. No. 32
Village or City Stockton	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Months Hallo	
(a) Residence: No. 2 Collins 12 a	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw be alive on the said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at _/_Bell_m,
64 (37) 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade protection or particular	were as follows:  Date of onset
9. Industry or business in which work was done, as SILK MILL,	
10. Dete deceased last worked at this occupation (month end year)  year) 10. Dete deceased last worked at spent in this occupation occupation	
	Other Contributory Chuses of importance:
12. BIRTIIPLACE (city or town) (Stete or country)	artenosetron
13. NAME Scare Toy	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Neme of operation Date of
(State of councy)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME West	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME WAS TO SERVE T	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Party In Control of the Con	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place The There Oate There I'm, 19 3	Nature of injury
19. UNDERTAKER A Thields (Address) How Chuch Na	24. Wes disease or injury in eny wey related to occupation of deceased?
20. FILED 3/28 , 1935 mm Taylor Registrar.	(Signed) MyD.
Acginiar.	(nouress) -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU VES		1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Worcester County Registration Dist. No. No. 426 Linden Ave , St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Pocomoke City. Length of residence in city or town where death occurred. \_mos.\_\_\_\_ds How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds 2. FULL NAME John Henry Long (a) Residence: No. R. F. D. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ocomoke City March Male Colored arried (Day) 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I ettended deceased from (or) WIFE of Lavina T. Long 5th.1904. 6. DATE OF BIRTH (month, day, and year) NOV. 7. AGE Months If LESS than 0ays to have occurred on the date stated above. 1 day .\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows: Oate of enset Trade, profession, or particular kind of work done, as SPINNER, Barrel maker SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_ 12, BIRTHPLACE (city or town) SOMETSET (State or country) Maryland 13. NAME John Henry

FATHER Somerset County 14. BIRTHPLACE (city or town) \_\_\_ (State or country)

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) Somerset (State or country)

17. INFORMANT Lavina

18. BURIAL GREMATION, OR TREMOVA

19. UNOERTAKER (Address) ocomoke

Name of operation

in any way related to occupation of deceased?

If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DOREAU Y. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
SUPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

-			rene R.		
	(a) Reside	nce: No		(Usual plac	ce of abode)
			D STATIST		
	emale	Whi	te	5. SINGLE, MA OR DIVORC	RRIED, WIDOV ED (write the w N C d.
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divo Samue	rced 1 J.Sch	noolfie	ld
6. 1	DATE OF BIRTH	(month, de)	v, and year)A → 1	cil 14t	h.1867
7.	AGE Y	ears	Months	Deys	If LESS
	6	7	11	15	1 day,
000	this occ year) _	upetion (moi		sp oc	time (years) pant in this supation
12.	(State or co		Mary	-	
ER	13. NAME	ranc	S H. Do	rsey	
FATHER		E (city or to or country)	wn)Balti: Ma	more ryland.	
ER	15. MAIDEN N	AME ar		Bozman	
MOTHER	16. BIRTHPLAC	E (city or to	wn) Balt Ma	imore ryland	
17.	INFORMANT (Address)	iss N	ildred ke City	School	
18.	BURIAL CREMA	TION OR B	EMOVAL	padlar.	31st.
_	UNDERTAKER	esuc	nels	twee	end.

STATE OF MARYLAND-CERTIF

ARRIED, WIDOWED, CED (quite the word)

If LESS than 1 day, \_\_\_\_\_hrs.

or .... min.

FICATE OF DEA	тн	03427
Registration D	Dist. No.	150
a a hospital or institution, give its NAME low long in U.S. if of foreign birth?	instead of street a	
Ward.		
	OF DEAT	
of DEATH ke City March 2		, 193 <mark>5</mark> (Year)
HEREBY CERTIFY  1934, to  2	Mark 1	ded deceased from
ed on the date stated above, at 6 . O	OA_	, death is said
L CAUSE OF DEATH and related causes		Graden.
		Date of onset

Central the	- 1/4.
Many of available	
What test confirmed diegnosis?	Date of Was there an autopsy?
3 If death was due to external causes (VIII	

Accident, suicide, or homicide? Where did injury occur?\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

If so, specify (Signed)

Registrar.

(If death occurred is

21. DATE

ocomo

The PRINCIPA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	[	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING AGE should be OF DEATH in plain terms, so that it may be hould be carefully supplied.

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

item of inforshould state

of OCCUPA.

		F MAR	YLAND-	CERTIFICATE OF DEATH 034	123
1. PLACE OF DE		WITHIN CO.		Registration Dist. No.	0
and the Park of th	Pocomoke	City		No. 408 Laurel St.	Ward
	n city or town where de		^	death occurred in a hospital or institution, give its NAME instead of street and nun	
2. FULL NAME					
(a) Residence: No		Libel W.W.W. dr. oberster	hh@	St., Ward.	
		(Usual place	The second secon	If nonresident give city or town and Sta	ile
	LOR OR RACE			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
	hite	OR DIVORCE	RIED, WIDOWED, D (write the word) PCed.	Pocomoke City, March 2nd. (1) (Day)	93.5 (Year)
5a. If married, widowed, or of HUSBAND of (or) WIFE of Art	hur Ster	ling		22. HEREBY CERTIFY. That I attended dec	ceased from
6. DATE OF BIRTH (month,	day, and year) Apr:	il 28th	.1896.	I last saw here alive on homely 1981;	leath Is said
7. AGE Years 38	Months 10	Days 2	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, on kind of work do SAWYER, BOOKI	particular ne. as SPINNER.	on cowi f		The state of the s	/ate of onset
. Industry or busines	s in which	OUZEMII	<u> </u>	In of mont of my	1.K
	as SILK MILL, K, etc			J.	
SAW MILL, BAN  10. Date deceased tast this occupation ( year)	month and	11. Total t	ime (years) nt in this upation		
12. BIRTHPLACE (city or tow (State or country)		ke City	.2	Other Contributory Causes of importance:	
13. NAMET homas					
13. NAMET homas  14. BIRTHPLACE (city o  (State or country)		oke Cit	<b>y</b>	Name of operation Date of What test confirmed diagnosis? Was there an aut	nev?
15. MAIDEN NAME E	izabeth 1	ason		23. If death was due to external causes (VIOLENCE) fill in also the following:	19371
15. MAIDEN NAME E			Ų- <b>,</b>	Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
17. INFORMANT Merv	in Merrit	tt v. Marvl	and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	:.
18. BURIAL CREMATION Q	R REMOVAL Metery e Gity Ho			Manner of injury	
19. UNDERTAKER JESS	uouPx	Steve	uson	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED Mach 5	., 19-3-5	ohn T.	Registrar.	(Signed) Address Documents N	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Wolcester &	Registration Dist. No. 3 8 /
Village or City (Man) Survey Troll (IF	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly aylor.	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  March 26  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Marale 26,1935	I last saw h
6. DATE OF BIRTH (month, day, and year) // acce 2017 3	to have occurred on the date stated abova, at
1 day, O hrs. or O min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	1-1-1-1
Sindustry or business in which	200 agis and all all all all all all all all all al
work was dona, as SILK MILL, SAW MILL, BANK, etc.	HO Day sulling
SAW MILL, BANK, etc	Was Walles
12. BIRTHPLACE (cily or town). Near Super Hill, (State or country)	Other Contributory Causes of importance:
13. NAME Fine d Laylors	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet tast confirmed diagnosis? Was there an aulopsy?
IS. MAIDEN NAME Edward der Manuel	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Service Jaylor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Cott Rein Date March, 19.33	Nature of injury
19. UNDERTAKER TOTTLE TENNOVEL CALL (Addrass)	124. Was disaase or injury in eny way ralatad to occupation of daceased?
20. FILED 3/26, 1935 RERay Swith - Registrar	(Signad) LECOY Secreth & Cago
4	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	4-6-
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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tD. Every item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03430
1. PLACE OF DEATH	(3)
County Wester 1	Registration Dist. No. 332
Village or City 1 Bislin And.	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
f · On -	1
2. FULL NAME Suise May 6	St., Ward.
(a) Residence: No. / O-Mu / William (Usual place of abods)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH  3 (Month) (Day) (Year)
63. If married, widowed, or divorced HUSBAND of (or) WIFE of William Townsend	22. I HEREBY CERTIFY, That I attended deceased from 19.8.0., to 3/11/33. 19.
6. DATE OF BIRTH (month, day, and year) Dec. 4 18.72	I last saw h. 4.1 alive on 3./11/3.5 , 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11
62 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Selsti of Carrie for Sont home
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Mary June 1.  (State or country)	Other Contributary Causes of importance:
13. NAME James Bradford	
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? test Was there an autopsy?
15. MAIDEN NAME Laura Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mr. William Styrsend (Address) Berlin, on d.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Weigher Date Mass 12, 19. 35	Nature of injury
19. UNDERTAKER J. W. Busbage (Address) Berlin Jud.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 12, 1935 - I W Mumford Registrar.	(Signed) Suelin ) Horry M.D.  (Address) Bullin M.D.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	34
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis -	1 year
			,

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI MULLI	LOW	T ORCHAINS	DIVITINITATIO	DI	LILIBIOIAN

\$113

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. dation should be carefully supplied. VRITE PLAEMLY, WITH

SIAIL (	OF MARYLAND—	CERTIFICATE OF DEATH 03431
County Worker	Eec	Pagistration Diet No. 350
Village or City POCOMOKE  Length of residence in city or town where		Registration Dist. No.  No. St., Ward f death occurred in a hospital or institution, give its NAME instead of atreet and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME	Vol	tera?
(a) Residence: No.		St., Ward.
DEDCONAL AND CTATICT	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Bg 90.	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	acch 29 183	I last saw h alive on 19 death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3 40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	~	Date of oneet
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	2	Other Centributory Causes of importance:
13. NAME 13. NAME 14. BIRTHPLACE (city or town)	and Vittery	
(State of country)	g. c	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	6. Tourse	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME	·	Accident, suicide, or homicide?, 19, 19, 19
2 (State or country)  17. INFORMANT (Address)	99 000	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	Date Mich. 29. 19 35	Manner of injury
19. UNDERTAKER Chas. E. Vel (Address) Poromotice	ters Father	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED ofic. 8. 1935. fo	hn To Roley Registrar.	(Signed) 6 - Control M. D
If more	blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

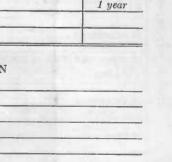
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Example I		Example II	7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
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N. B.—WRITE PL. LY, WILH UNFADING INK—THIS IS A PERMANENT II. KD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Wregester	Registration Dist. No. 955
Village or City St (Martins	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 24 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Welfa K. Warr	lu
(a) Residence: No. St. Martines. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parie the word)	21. DATE OF DEATH NO. 28 - 193 5
5a. If merried, widowed, or divorced	(month) (boy) (toda)
HUSBAND OF albert M. Warren	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
E DATE OF PIPTU (month day and year) MAUN 11 1845	I last saw haliva on
6. DATE OF BIRTH (month, dey, and year) (May 4, 8, 3	to hava occurrad on tha date stated above, at 9.P.m.
09 10 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importence
_   8. Trada, profession, or particular	were as ioniums:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chr. Nethrus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	en. 14 was
10. Date decaesed last worked et this occupation (month and 1935) sport in this occupation	
mil	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	-
	-
13. NAME of w of Name  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	Whet test confirmed diagnosis?
15. MAIDEN NAME Maggie Githards  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Withy Warshu (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Quelang hampate Male. 30,19 20	Natura of Injury
19. UNDERTAKER	24. Was disease or Injury In any way ralated to occupation of daceasad?
20. FILED 3 - 29 - , 1935 Helen + Hayru	(Address) B. A. M. D.
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state JRD. Every item of infor-Exact statement LY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. FARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. SE OF DEATH in plain terms, so that it may be a should be carefully supplied. AGE should be

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13433)
County Waccester	Registration Dist. No. 354
Village or City Atorbaten and R71)	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Herbert Wine	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (purity the word)  On mat / www.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw harmalive on the control of the control
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Olyand of object Date of onest
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Occupation (State or country)	Dther Contributory Causes of Importance:
13. NAME	
14. BIRTHPLACE (city or town). World brut	Neme of operation Dete of  What test confirmed diagnosis? * Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homloide?
(Address) Joseph Junit	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place as N. Forman amily Date Mar. 14, 1931	Menner of injury
19. UNDERTAKER Strains Bymnett (Address) Stachten ma	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 3/14 , 1935 may m. Tayla Registrar.	(Signed) & M. D. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	201
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

Registration Dist, No.  Village or Oily  Village or Oily  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR, OR RACE  S. SINGLE, MARRIED, WIDOWSD, OB, DIVORCED (write the bodd)  4. COLOR, OR RACE  S. SINGLE, MARRIED, WIDOWSD, OR, DIVORCED (write the bodd)  4. COLOR, OR RACE  S. SINGLE, MARRIED, WIDOWSD, OR, DIVORCED (write the bodd)  22.  1 HER EBY CERTIFY, That I atter 1 1935, 10 10 10 11 10 10 11 10 10 11 10 10 11	5/
Village Dr Oity  ND.  (If death occurred in a horpital or institution, give its NAME instead of street Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: ND.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED Courier the word of ord will Sharib or o	
2. FULL NAME  (a) Residence: ND.  (Usual place of abode)  (If nonresident give city or town of town abode place of abode)  (If nonresident give city or town of town abode place of abode)  (If nonresident give city or town of town abode place of abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (In order leaf to place of abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town abode)  (If nonresident give city or town of town a	, War
(a) Residence: ND.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the fold)  Sa. If married, widowed, or divorced-HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Dayy  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done as SPINNER, BODINKEEPER, etc.  SAWYER, BODINKEEPER, etc.  10. Bate deceased last worked at this occupation (month poly year)  12. BIRTHPLACE (city of town)  (State or country)  13. NAME  14. BIRTHPLACE (city of town)  (State or country)  Name of operation.  Date  Name of operation.  Date	mosd
Color of Race   S. SINGLE MARRIED, WIDOWSD, OR DIVORCED (write the ford)	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the ford)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month:  Dayy  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER (month) (month) (month)  10. Bit deceased last worked at month (month)	
OR DIVORCED (write the fold)  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Dayy  If LESS than 1 day,	H
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  I day, hrs.  or min.  8. Trade, profession, or particular kind of work done, as SPINNER, etc.  SAWYER, BODKKEEPER, etc.  11. Total time (years)  SPAM MILL, BANK, etc.  12. BIRTHPLACE (city frown)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. Date  16. Date deceased last worked at the profession of particular control on the date stated above, at the profession of the profession of the particular control on the date stated above, at the profession of the profession of the particular control on the date stated above, at the profession of the particular control on the date stated above, at the profession of the particular control on the date stated above, at the profession of the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the date stated above, at the particular control on the	, 193.5 (Year)
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNE work was done, as SPINNE work work was done, as SPINNE work work was done, as SPINNE this occupation (manth and particular work was done) as SILK MILL, BANK, etc.  10. Date deceased last worked at this occupation (manth and particular work was done) as SILK MILL, BANK etc.  12. BIRTHPLACE (city or town) Spant in this occupation (State or country)  13. NAME  14. BIRTHPLACE (city or town) Mame of operation.  Name of operation.  Date	1935
7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNE work was done, as SPINNE work work was done, as SPINNE work work was done, as SPINNE this occupation (manth and particular work was done) as SILK MILL, BANK, etc.  10. Date deceased last worked at this occupation (manth and particular work was done) as SILK MILL, BANK etc.  12. BIRTHPLACE (city or town) Spant in this occupation (State or country)  13. NAME  14. BIRTHPLACE (city or town) Mame of operation.  Name of operation.  Date	death is sa
8. Trade, profession, or particular kind of work done, as SPINNE PROJECT PROJE	
12. BIRTHPLACE (city of town) (State or county)  13. NAME  14. BIRTHPLACE (city of town)  14. BIRTHPLACE (city of town)  Name of operation  Date	Data of ones
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  Date	
14. BIRTHPLACE (city or town) Date	PP
(Stafe) or country What test confirmed diagnosis? Was there	
15. MAIDEN NAME AND	wing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. MAIDEN NAME  19. MAIDEN NAME  23. if death was due to external causes (VIOLENCE) fill in also the folicy of the folic	State)
18. BURIAL, CREMATION, OR REMOVAL Date Manch 4 1935 Manner of injury Nature of injury	
19. UNDERTAKER To complete the company of deceased (Address) The complete the company of deceased (Address) The complete the company of the c	?
20. FILED 3 4 , 19 3 5 REROY Secults (Signed) FUM N. Maly Registrat. (Address) Dura Hul , Jou	d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03435
Country two washing	Poriotration Diet No. 3
9.7- 11.00 20	Registration Dist. No. 2 0
Village of City20 Troco Helf 1949	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 7.6 yrs. 9 mos	
2. FULL NAME Thomas Casol Too	unell
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wijet the word)	21. DATE OF DEATH
male while Vinge	(Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of	
HUSBAND OF Single	1 HEREBY CERTIFY That i ettended deceased from
6 DATE OF BIPTH (month day and wast) 185-8 June 18	Mars Q 2.7 . 30
6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated ebove, at 2 m.
76 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trade, profession, or particular	were es follows:
SAWYER, BDDKKEEPER, etc.	Tell and Julian
< 1 9. Industry or business in which	Care Heart lesion &
work wes done, as SILK MILL, SAW MILL, BANK, etc	- Comment of the comm
11. Total time veers this occupation (month and all spent in this occupation (coupetion coupetion occupation)	
RFW nor 2	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town)  (Stete or country)	
13. NAME In wes Tookself	
14. BIRTHPLACE (city or town) & F. A. Mo. Z.	Neme of operation Dete of
(State or country)	
15. MAIDEN NAME Mary Course Brown	What test confirmed diagnosis? Wes there an autopsy Wes there an autopsy Wes there an autopsy
15. MAIOEN NAME Mary acce Board  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
There Mary Clooner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 7. F. A. 47 J. J. A. 47	Specify whether injury occurred in INDUSTRY, in NOME, OF INFUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Messay Dete Mes ho, 180	Neture of injury
Hearned + Danies	24. Was diseese or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Thou The May	If so, specify
3/25 35PA V A	(Signed) Tanasais Young
20. FILEO 7 20 , 19 TO TO DY DULLA Registrar.	(Address) Ocafe, Cole, Mid
If more blanks and meded address State Parishan	and M. Charlas Const. P. L. P. L. G. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S.			
~			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
1	T RECORD.	Y. PHYSI	Exact sta	
SINDING	ERMANEN	EXACTL	classified.	•
FOR I	S IS A P	stated	properly	tooning.
ARGIN RESERVED FOR BINDING	ING INK-THIS	AGE should be	that it may be	MI in mountaint Can instance in Last of exertification
AARGID	ITH UNFAD	lly supplied.	plain terms, s	Con inchase
•	LALALY, WI	dd be carefu	DEATH in 1	trachandari
(	RICE PI	nous uon	USE OF	NAT : TAN

County Worcester  Workester  Willes Snow Hill, Md.	Registration Dist. No. 35/
Village of Only	NoSt.,Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foralgn birth?yrsmosds
2. FULL NAME Reece Wright	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDO OR DIVORCED (write the married)	ord) 21. DATE OF FATH (Month) (1949) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of husband of Ada Wright	22. HEREBY CERTIFY, That Lattandad deceased from
5. DATE OF BIRTH (month, day, and year) Nay 24 1887  7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 577 m.
47 9 15 1 day,	I HA FRINCIPAL CAUSE OF DEATH and related causes of importance
Industry or business in which work was done, as SILK MILL, COMMON  SAW MILL, BANK, etc	Other Contributory Causes of importance:
(State or country) Maryland	Jack of Gan 18/1
13. NAME William Wright	
13. NAME William Wright 14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis Lucal was there an autopay?
15. MAIDEN NAME Charlotte.nA. Purno 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
(Address) Crow Hill Md R.F.D.  18. BURIAL, CREMATION, OR REMOVAL  Place Year Show Hill Data MAN. III	Manner of Injury
19. UNDERTAKER CALL UNIVERSITY (Address) Snow Hell ma	24. Was disease or Injury in apy way related to occupation of deceased?  If so, specify  (Signed)
20, FILED 3711, 19 00 & Exay Deed	1 And the second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

